

Patty,

As a retail pharmacy, my biggest concern for the managed care changeover is the timing. January 1st is when many other insurance changeovers occur. The Medicare Part-D plans allow us to utilize the insured patient's Medicare ID to pull the current insurance information into our systems.

All other insurance carriers will need to have the insurance information up front for the pharmacy to process the claims, otherwise the patient will end up paying cash price to receive the medication that day.

When Medicaid patients are faced with paying cash price of \$300-\$500 for a medication such as insulin, they will go without before they can pay that amount of cash out of pocket, and in turn end up using the Emergency Departments to receive their medication, costing the system even more.

On a good day, most persons do not know who their insurance carrier is, and often do not carry an insurance card. Many Medicaid patients have very little understanding of the insurance system and rely on the healthcare providers to assist them. We gladly work with them to contact the helpdesk for benefits, currently waiting 20-30 minutes for the helpdesk to answer. On and after January 1st, it will take much longer than 20-30 minutes to get through on a congested help line. This ties up phone lines and staff from being productive during a very busy time of the year, delaying treatment and orders for all customers.

I would like to see the changeover be delayed so we can get past the peak winter rush of new insurance cards and peak illness season, so we can better serve this population that needs our attention the most.

Thanks,
Sharon

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